**FINAL EXAM EXEMPTION REQUEST DUE TO MEDICAL HARDSHIP**

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| **Directions**: The following information details the process for requesting THAT ABSENCES DUE TO MEDICAL HARDSHIP NOT BE COUNTED TOWARD THE MAXIMUM NUMBER OF ABSENCES ALLOWED IN ORDER TO QUALIFY FOR A NON‐STATE TESTING EXEMPTION (PER POLICY A/TST ) for the current school year. | |
| **Step I** | 1. Complete the **Request for Medical Hardship Absences** form (below). 2. Attach all relevant documentation as requested. Medical Documentation **must** include a physician's signature and letterhead. 3. Obtain parent/guardian signature. 4. Obtain the principal's signature. |
| **Step II** | The principal will review the documentation to determine the extent at which the medical hardship has contributed to absences that exceed those allowable per policy A/TST and render a decision regarding the exemption. |
| **Step III** | The principal communicates the decision directly to the parent and teachers impacted. If families would like to appeal, they would appeal to the appropriate Learning Community Superintendent. |

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| Requests for medical hardship absences may be made at any point in the school year *prior* to the following deadlines: | |
| **Tests Occurring in Fall Semester 2023** | |
| **Situation** | **Submit By:** |
| Existing conditions or medical situations | January 5, 2024 |

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| **Tests Occurring in Spring Semester 2024** | |
| **Situation** | **Submit By:** |
| Existing conditions or medical situations | May 17, 2024 |

**MEDICAL HARDSHIP ABSENCES REQUEST FORM**

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| **Part I: Student Information (PLEASE TYPE)** | | | |  |
| **Name**: | | **PowerSchool ID**: | | |
| **School Name**: | | **Grade**: | | |
| **Part II: Test Information (PLEASE TYPE)** | | | |  |
| **Test name(s) for which the MEDICAL HARDSHIP ABSENCES ARE being requested.** | |  | |  |
| **Testing Window for which ABSENCES are being requested.**   * Fall, spring, year‐long | |  | |  |
| **School’s testing window** ‐ Dates | |  | |  |
| **Part III: Description of Medical Emergency and/or Condition (PLEASE TYPE & Attach Medical Documentation)** | | | |  |
| **Date of the onset of the medical emergency and/or condition.** | |  | |  |
| **Expected duration/recovery period**. | |  | |  |
| **DATE(S) OF ABSENCE(S) FOR MEDICAL HARDSHIP CONSIDERATION**   * Must include PowerSchool attendance record. | |  | |  |
| **Briefly describe the student’s medical condition, CAUSING THE MEDICAL HARDSHIP**.   * Substantiating documentation and/or letters (on letterhead) from doctors should be included. Notes from doctors and medical professionals should address and/or explain the impact of the condition on the student’s ability to attend school. | |  | |  |
| **Description of HOW THESE ABSENCES QUALIFY AS A MEDICAL HARDSHIP**.   * Briefly describe how the medical issue/condition impacts daily instruction/classroom participation and QUALIFIES AS A MEDICAL HARDSHIP. This explanation should include sufficient details and documented data (scanned attachments) that provide the principal with a thorough understanding of the implications of the emergency and/or condition on the student’s learning. | |  | |  |
| **Part IV: Signatures** | | | |  |
| **TITLE** | **PRINTED NAME** | **SIGNATURE** | **DATE** | **Approved (Y/N)** |
| **Parent/Guardian Consent:** |  |  |  |  |
| **School Test Coordinator:** |  |  |  |  |
| **Principal:** |  |  |  |  |